NCI-Frederick Remote Access Services Account Application

This document is an application for access to the NCI-Frederick data network through Remote Access Services (dial-up and VPN). No application will be processed unless ALL questions are answered. Special volunteers and vendors MUST accompany this application with a justification letter by their on-campus sponsor and are limited to access not to exceed the period of 12 months. Such accounts must re-submit for an extension every year.

Contact the Helpdesk if you have questions. Additional information on remote access configuration, installation and services can be found on http://comm.ncifcrf.gov
Forward completed applications with signatures to the ABCC Helpdesk:

 phone: 301-846-5555 fax: 301-846-5762 mail: Building 430, Rm 120

Applicant's Name: _____ Phone, work: _____

Office Location: _____ E-mail, work: _____

Supervisor Name: _____ Supervisor Phone: _____

Organizational Affiliation:

Charles River	DMS	DTP	NCI
NIH	SAIC	WISCO	Other _____

Type of User/Operating System you will use for remote access (please check only one):

Windows 2000/XP	Macintosh OS X (v10.3 or higher)
Linux (Redhat 6.2 or higher)	
Windows 98 or Millenium (Me)	Other (specify) _____

Please note that although we will accept applications specifying other Operating Systems, a VPN client will not be available and such systems will be limited to dial-up access.

NOTICE: Under Title 18, U.S.C., all remote connections made with your remote access account are for work related activities only. Use for non-work related activities is grounds for disciplinary action including (but not limited to) remote access account termination. All individuals using the remote connection are subject to monitoring and having all of their activities recorded.

By signing this application, I confirm that I have answered all questions truthfully, as well as, read and agree with the notice above. Unsigned applications will not be processed.

Applicant Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

For Official Use Only

User Login ID:	Date:	Approved: ☐ Disapproved: ☐
User Authentication Code:	Agent:	
User Password:	Agent Signature:	